

CLAIMS ONLY						Application Number		Filing Date	
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
20							51		
21							52		
22							53		
3							54		
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43							94		
44							95		
45							96		
46							97		
47							98		
48							99		
49							100		
50							Total Indep		
Total Indep			S				Total Indep		
Total Depend			47				Total Depend		
Total Claims			52				Total Claims		